



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

NOTIFICATION OF CONTRIBUTION LETTER

[DATE]

[NAME]
[ADDRESS]
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

As you know, the Youth Court Act requires you to make a contribution toward the cost of care for your [SON / DAUGHTER], [YOUTHS NAME], while [HE / SHE] is in the custody of the Department of Corrections/Youth Court. I have received a financial affidavit from you indicating your financial situation and would like to inform you of the status of your contribution. [Since I have not received a financial affidavit from you, I have imputed your wages at a full-time, minimum-wage job.]

Enclosed is a copy of the calculation worksheet and attached notes that I will submit to the court. When the court issues an Order for Cost-of-Care Contribution, I will send a letter to you explaining how and when to make your payments.

The Child Support Guidelines Worksheet determines your net annual income by subtracting allowable deductions from gross income. A personal allowance is then subtracted from the net annual income. Your cost-of-care contribution is, therefore, \$[AMOUNT] per month.

The cost-of-care contribution accrues from the date of your child's placement, [DATE]. **If you wish to object to the order, you or your attorney must request a hearing with the [COUNTY] Court by filing a petition or by mailing a letter to the deputy county attorney[or Department of Corrections Legal Department], [NAME].** Please notify me if you take this action.

If you have any questions, please feel free to contact me.

Sincerely,

[NAME]
Regional Administrative Officer